

**FILED**  
**Mar 19, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90035 031 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P99000086123

**1. Entity Name**

National Labor Force I, Inc.

**DO NOT WRITE IN THIS SPACE**

**425656**

**2. Principal Place of Business**

200 Lake Drive East

**3. Mailing Address**

200 Lake Drive East

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Cherry Hill, NJ

City & State

Cherry Hill, NJ

**4. FEI Number**

22-3680643

Applied For

Not Applicable

Zip

08002

Country

USA

Zip

08002

Country

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Corporation Service Company

Street Address (P.O. Box Symbols Not Acceptable)

201 Nays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)** ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	P/D
NAME	ADRIENNE HOPKINS
STREET ADDRESS	200 LAKE DRIVE EAST, SUITE 110
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	V/D
NAME	NEAL L. SNYDER
STREET ADDRESS	200 LAKE DRIVE EAST, SUITE 110
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	S/T/D
NAME	THOMAS A. CUNNINGHAM
STREET ADDRESS	200 LAKE DRIVE EAST, SUITE 110
CITY-ST-ZIP	CHERRY HILL, NJ 08002
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEAL L. SNYDER, 2/20/02

Date

(856) 779-1515

Daytime Phone #

CR2E034B (12/01)